



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

**Richard W. Moore**  
Acting Director



**Michael L. Parson**  
Governor

February 3, 2022

## **Standing Order to Administer ACON Flowflex COVID-19 Antigen Home Test At Residential Treatment Agencies**

**Purpose:** To enable the Missouri Department of Social Services' Children's Division's licensed residential treatment agencies for children and youth and contracted case management providers the opportunity to test symptomatic or asymptomatic individuals in an effort to increase testing options available to the community through the use of ACON Flowflex COVID-19 Antigen Home Test. The ACON Flowflex COVID-19 Antigen Home Test may be used to test symptomatic individuals or asymptomatic individuals considered a close contact of an individual with SARS-CoV-2, and who has remained in quarantine for a minimum of seven full days without symptoms of SARS-CoV-2. Symptoms are a new cough, difficulty breathing, loss of taste or smell, fever ( $\geq 100.4^{\circ}\text{F}$ ), congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, and myalgia. Persons who have been exposed to COVID infection and have symptoms of the disease but have negative ACON Flowflex COVID-19 Antigen Home Test, should have additional testing done using different testing methods.

**Policy:** This health order allows any licensed residential treatment agency's or case management provider's employee designated as a test administrator by their respective agency and who has successfully completed the required ACON on-line training for ACON Flowflex COVID-19 Antigen Home Test administration to conduct sample collection or observe sample collection performed by the staff, children within their care, visitors, vendors or contractors, volunteers or family members themselves to assure quality assurance.

**Procedure:**

1. Evaluate individuals with the above criteria for symptoms of COVID-19 in the past seven days
2. Provide Flowflex Fact Sheet For Patients
3. Offer opportunity for questions
4. Ensure permission has been obtained
5. Administer the test pursuant to the Product Insert and Procedure Card
6. Document
  - a. Date, time, location of test
  - b. Name, title, and professional license number of person administering the test
  - c. Name of test and manufacturer lot and number
  - d. Results of the test
  - e. Presenting symptoms
  - f. Verification of signed consent form
7. Submit the required data and all test results via secure file transfer protocol in accordance with the procedure specified by the Missouri Department of Health and Senior Services (DHSS) within twenty-four hours of each test's administration.

[www.health.mo.gov](http://www.health.mo.gov)

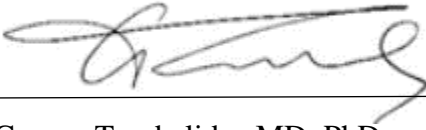
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The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

8. Immediately notify the individual tested of his or her result and implement appropriate control measures accordingly.

This order and procedure shall remain in effect until rescinded or until December 31, 2022.

A handwritten signature in black ink, appearing to read 'George Turabelidze', is written over a horizontal line.

George Turabelidze MD, PhD  
State Epidemiologist